	plus sign inside this	100 x [44]	PTO/\$B/01 (12/97)		Approved for use through 09/30/00, OMB 0651-0032								
**	DECLARA	UTILIT	Y OR	Atton	rney Docket Number 3		31505.0001						
DESIGN PATENT APPLICATION						Named In	ventor	Ashkan Imanzahrai					
		(37 CFR 1.6		•	COMPLETE IF KNOWN								
	Declaration Submitted with Initial Filing		Declara Submitt	ation ted after Initial surcharge R 1.16(e))	Applie	cation Nu	mber						
		OR			Filing	Date		June 14, 2000					
2					Group	Art Unit							
	8		required		Exami	iner Nam	ė						
As a below named inventor, I hereby declare that:													
My residence, post office address, and citizenship are as stated below next to my name.													
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
MIGRAINE MEDICINE AND METHOD FOR TREATING THE SAME													
the specification of which (Title of the Invention) is attached hereto OR													
was filed on (MM/DD/YYYY) as United States Application Number or PCT International													
Application Number and was amended on (MM/DD/YYYY) (if applicable).													
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.													
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.													
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.													
		nemational app	nearion na		1								
	Prior Foreign Application (Numbers) Count		ry	Foreign Filing I (MM/DD/YYY		Priority Not Claimed		Certified Copy Attached? YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.													
Application Number(s) 60/144,973			F	ling Date (MM/DD July 22, 1999	☐ Add num supp		mu su	litional provisional application abers are listed on a plemental priority data sheet D/SB/02B attached hereto.					

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

	*	r application and the national or PCT international filing date of this application Parent Filing Date Parent Patent Number										
U.S. Parent Application or PC Number			I/DD/YYYY		Parent Patent Number (if applicable)							
				'			-					
Additional U.S. or PCT international app	···	· · · · · · · · · · · · · · · · · · ·	·									
As a named inventor, I hereby appoint the following Office connected therewith:	registered practi	tioner(s) to pr	osecule i	nis application a	end to transact all bus	iness in the Patent	and Trademark					
☐ Customer Number OR					11	ace Customer aber Bar Code						
Registered practitioner's name/registration numb	er listed below				· · · · · · · · · · · · · · · · · · ·		Label Here					
Name	Registr Num			N	ame	Registration Number						
Kevin D. McCarthy	35,278		1	Kent Ro		40,786						
Martin G. Linihan Ranjana Kadle	24,926		1		Scalise Oliverio	34,920 33,435						
David L. Principe	39,336			_	ean, Jr.	16,639						
Additional regimered practitioner(s) named on sup	plemental Registe	red Practition	er Inform	nation sheet PT	O/SB/02C attached h	erelo						
Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☐ Correspondence address below												
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City Buffalo		State	New York		ZIP	14203-2391						
Country United States Telepho	ne (716) 856		-4000		Fax	(716) 849-0349						
I hereby declare that all statements made herein of m further that these statements were made with the kno- 18 U.S.C. 1001 and that such willful false statements	wledge that willfu	ul false statem	neous and	the like so mad	e are punishable by f	ine or imprisonme	to be true; and at, or both, under					
Name of Sole or First Inventor:		☐ A pet	ition ha	s been filed	for this unsigned	inventor						
Given Name (first and middle				Family Name o	or Surname							
Ashkan		Imanzahrai										
Inventor's Signature	ngelse					Date	6/11/2000					
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City San Jose	San Jose State		nia	ZIP	95125	Country	United States					
☐ Additional inventors are being named or	the sup	plemental	Additio	nal Inventor	(s) sheet(s) PTO	/SB/02A attach	ed hereto.					